

The Times and Register.

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Original Articles.

FATTY HEART.

By WILLIAM F. WAUGH, M. D.

AMONG the numerous sudden deaths occurring during the present summer, was that of a prominent Philadelphia physician, whose unexpected death was attributed to "heart failure." This term is almost meaningless; for every death is due finally to heart failure, since the stoppage of cardiac pulsations is the final proof of the extinction of life. Still, in spite of the notice of the Board of Health objecting to this cause of mortality being registered, it continues to be returned in not a few cases. It is probable, that where this report does not signify merely the incompetence of the medical attendant, it really refers to fatty degeneration as the true cause of death. Valvular lesions, hypertrophy and dilatation, are so easily recognized by even a tyro in physical examination, that they are almost invariably registered when fatal. The cases that trouble the diagnostician are those in which sudden death, obviously of cardiac causation, occurs without any alteration in the outlines of the heart or in the rhythm of its sounds hav-

ing been detected, even on careful examination. None but a master in the diagnostic art can give an opinion of value when the question is simply as to the relative force of the heart-beat, at the first examination, when there are no concomitant indications.

The term fatty degeneration should be limited to those cases in which there is a change of the heart's muscular tissue into fat. The overlaying of the heart by fat in general corpulence is another affection, though true fatty heart may coexist. The latter is to be found whenever the disturbed metabolism results in an insufficient supply of oxygen.

This may be due to any general disturbance of nutrition, from any cachexia or other cause of profound anemia. Suppurations, chronic wasting diseases, syphilis, tubercle and cancer, are among the common causes. An acute form occurs after attacks of the septic fevers, the exanthemata and acute yellow atrophy of the liver. Some chemical agents favor fatty change of the heart; among these are phosphorus, alcohol and the mineral and vegetable acids. Probably the fatty change occurring in Bright's disease is due to the retention of morbid agents in the blood.

The victims of want are, however, not more liable to this disease than are the overfed and luxuriant, those who combine the habit of full feeding with a sedentary life.

Among the local causes may be mentioned pericarditis, valvular lesions, aortic diseases, pulmonary affections, and hypertrophy. Schroetter attributes many cases to a chronic parenchymatous myocarditis. Disease of the coronary arteries, of such a character as to interfere in any way with the transmission of blood to nourish the heart, is especially apt to cause fatty degeneration. In fact, the affection may be caused by any interference with the nutritive supply to the heart, whether local or general. The prolonged use of such agents as ergot and digitalis, that contract the caliber of the arteries, can hardly fail to aggravate a pre-existing fatty change, or to inaugurate it, if other favoring conditions coexist. This should never be forgotten in prescribing digitalis, in cardiac diseases with failing compensation.

The muscular fibers become cloudy, their striae disappear, and fat drops appear in small or large quantity. The heart substance is pale and flabby, yellowish and easily torn. This is most frequent in the left ventricle.

Crisp first called attention to the fact that fatty degeneration may be a preservative lesion. As atheroma progresses, the powerful action of a hypertrophied ventricle may cause rupture of the weakened vessel walls; and by the fatty process the balance of power is restored. A new danger is, however, that of failure of the heart in diastole.

The disease is often latent; no symptoms having directed attention to the heart until the patient's death. If the degeneration be extensive, the heart's impulse is weak and the pulse feeble. The number of beats may be reduced to fifteen per minute; but this is not usual. Any increase in the area of the cardiac dullness is due to pre-existing or consecutive dilatation or hypertrophy.

On auscultation, the sounds are normal, or weak and dull. Obstructions of the circulation will be manifested when the fatty change has progressed sufficiently. The symptoms are swelling and pulsation in the jugulars, cyanosis, a lit-

tle dropsy; the skin being of a dirty yellowish tint. Patients speak of distress and constriction in the chest, and pain along the intercosto-humeral nerve, simulating angina pectoris. The Cheyne-Stokes respiration is sometimes seen; cerebral anemia may be present, shown by vertigo, syncope, or coma. Slight mental disturbances, with loss of memory, may follow these attacks, but are transitory. Hemorrhages may occur, but are probably to be considered as causes rather than effects of the fatty change. The arcus senilis is often present.

Fothergill says that the first sound often consists solely of the clear flapping together of the auriculo-ventricular valves, and is clean and thin, like the second sound. The muscular portion of the first sound is absent or impaired. Irregularity is also indicative of softening. Walshe describes the first sound as feeble, toneless and short; the first silence is long and the second sound feeble. The pulse is irregular in rhythm and tone, constantly or occasionally. It may become very frequent, even uncountable. Cold extremities, sluggish bowels, palpitation, inability to resist heat or cold and ready perspiration, are present in advanced cases. The intermittent pulse develops as the case progresses. Occurring in the midst of a flutter of palpitation, it is of evil omen. Respiration is shallow, with "air-hunger," rather than oppression. The incapacity for effort applies to mental as well as to physical exertion.

The patient vacillates and procrastinates. He becomes, querulous, fussy and capricious. The gait becomes uncertain in time, the patient exhibiting a tendency to totter, and to catch for support at anything in reach.

The diagnosis is often quite difficult, and sometimes impossible. The deposition of fat upon the heart produces the same symptoms as the true fatty degeneration, yet I believe a diagnosis can usually be made. The occurrence of adipose deposits in the body generally, renders this likely to occur also around the heart; and a person accustomed to listen to many hearts can distinguish between the feeble beat of degeneration, and the pulsation of a heart oppressed by a superincumbent weight of fat. The disease occurs in old age, rather than

in the young. The heart is weak, the pulse feeble, the apex impulse vague and fluttering; the pulse quickens and respiration becomes panting on slight exertion. Dizziness, fainting and indisposition to active exertion, with the whole train of symptoms due to failing circulation, complete the picture. The cachexia or anemia that causes the fatty change contributes its share to the symptomatology. To what proportion the failure of the circulation, in cases of valvular disease or enlargement, is due to fatty degeneration, is impossible to determine before death. In general, the failure of compensation coincides with the fatty change, and becomes marked as this process increases in extent.

The course of this disease is chronic, the heart keeping up its functions as long as there is any unaltered muscular fiber remaining, unless the fatal issue is precipitated by some sudden strain or shock. Life may be prolonged and made comfortable for many years by judicious management.

These indications for treatment are presented: to lessen the heart's work, and to increase its nutrition; because over-work and insufficient food are the causes of fatty degeneration. As the heart's function is, as a force-pump, to send the blood through the body, it is obvious that, the greater the bulk of the blood, the more work is thrown on the heart. Let the patient keep down the bulk of the blood by refraining from liquids; taking no soup and as little water as is possible, but eating highly concentrated foods. The blood must be enriched that the little that goes to the heart may carry as much nutrition as possible. Artificial digestants are of great value, especially the malt extracts; as they antagonize the tendency to corpulence, by thoroughly digesting the carbo-hydrates. Hot drinks, and large enemas, by unduly distending the veins, are dangerous, as the increased blood-pressure may cause stoppage or rupture of the heart. Exercise must be most carefully regulated. All sudden efforts or strains must be forbidden, and all exertion must stop short of fatigue. Nevertheless, gentle exercise within this limit is of the utmost value.

Whatever be the original cause of the disease, cachexia or other sapper of strength, it must receive its appropriate treatment. This need not be detailed here, as the causes are too numerous.

Of the specific heart tonics, digitalis may be dismissed at once. Contracting the coronary arteries, it favors the condition we are endeavoring to cure. Formerly I was accustomed to avail myself of its decided power, giving it for a few days, and following with other tonics. But since I commenced to use spartein in doses of $\frac{1}{8}$ to $\frac{1}{4}$ grain, I have had no occasion to employ digitalis. Spartein is the best of the heart tonics for protracted use. It should be given in four or six daily doses, and the best excipient I have tried is Bovinine. When the good effects of spartein have begun to wear off, add cactus grandiflora, and, in succession, strophanthus, strychnine and convallamarin or aspidospermine. Iron and quinine will often be required in addition.

In gouty or plethoric cases lithia is of value. In advanced cases, great care must be shown in avoiding sudden strains. Running after cars, interfering in quarrels, straining at stool, sexual intercourse, eating heavy dinners, preaching excitedly, and many similar causes, have been followed by sudden death. Alcohol is nearly always objectionable; and this is especially true of malt liquors. Tobacco is also to be forbidden; though it often happens that the patient has found himself compelled to quit its use without orders.

When circumstances permit, massage and faradisation may be substituted for other forms of exercise. But the physician must stand over the masseur and direct him, for one of these operators who is actuated solely by the conscientious desire to give the patient the full worth of his money, may do much harm by too rough or too prolonged manipulation. By such means, and by constant attention to such minor symptoms and inconveniences as arise daily, life may be prolonged indefinitely and made quite comfortable.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A. M., M. D.,

MANAGING EDITOR.

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HOSPITALISM.

RECENT occurrences in several Philadelphia hospitals appear to indicate the need of some special instructions on emergencies, for the resident staff; and the necessity of taking into consideration other qualifications besides technical training, in selecting residents. The lamentable occurrence at the Samaritan Hospital, where a woman with an infant partly born was refused admittance, had hardly ceased to be commented upon when an almost similar case occurred at the Maternity. A poor, deserted wife, in the agonies of child-birth, was refused admission because she had a child with her; and had not the doors of the station house opened to her, the child would have been born on the street.

In such cases the hospital authorities should bear in mind that the great law of humanity is superior to all ordinary rules and regulations; as the laws of God overrule all human institutions.

When the hospital staff acquires such an overweening respect for its rules as to let them become a sort of fetish, it is time to change the staff. The prime object of all such public institutions is charity. In that sacred name they appeal to the noblest elements of human nature, and to the charitable sentiment alone they owe their existence. The rules and government are intended simply to further the work of charity by directing it in the appropriate channels; but in the instances named they are allowed to stifle the vitality of the work. And yet, the devotees of red tape seem to be blind to the fact that nothing wins the support of the public like genuine charitable work.

Another case, of a different character, reflects even less credit on one of our hospitals. The Coroner's jury has gravely censured a physician and two attendants at the Episcopal Hospital, who sent to the station house, as drunk, a man who was found, after his death, to be suffering from a fractured skull, and consequent cerebral hemorrhage. Comment is unnecessary.

Precisely similar was the case occurring at the Medico-Chirurgical Hospital. The patient, sent back to the station by a young resident, a newly fledged graduate, proved to have a cranial fracture, for which he was unsuccessfully trephined at another hospital. The man was conscious, answered intelligently to all questions, acknowledged that he had been drinking, and urged the young doctor to allow him to go home. That an error was made is not surprising; it might have occurred to an older practitioner. The beginning of knowledge is the realizing sense of one's ignorance; and if this young man has learned the lesson thus early, it may be of lasting benefit to him.

It would seem that a chair devoted to

the consideration of emergencies, medical and surgical, would be a useful and popular addition to the modern medical college.

Annotations.

THE SUMMER RESORTS EMPTY.

THE lot of the summer hotel man is not a happy one at present. The World's Fair and the hard times combine to render guests almost as few and far between as angel's visits. A patient who was sent to a Virginia spring, to drink the water, reported that he was the only guest there: though the house had been well-filled last summer. Bedford Springs has fallen off about one-third from its high tide of success of last summer. Atlantic City was but scantily patronized during the early part of the summer, but for the past few weeks has been crowded. Nothing can affect this great resort very much. Its natural advantages and general popularity render it independent of fashion or financial stringencies. If one set does not go there, the place is immediately filled by another as good or better. The action of the railroads in raising the fare had a bad effect, but this has been forgotten.

The railroads, to which Atlantic City owes so much, may not disdain from taking a hint from one of her summer citizens. Three times the writer journeyed to or from the sea in the Penna. Pullman—the same car on each trip—and each time a smart attack of intestinal trouble followed. No other cause could be assigned, except the water from the ice-cooler. Several successive trips were made without recourse to the ice-water, and no trouble was experienced.

Do the employes ever empty and clean out the ice-coolers? Or do they tumble the unwashed ice in every day, into the debris remaining from numerous former days? The functions of the Pullman magnate appear to be limited to the collection of tips, and attention to the sanitation of his car is probably beneath his notice. Travelers should be beware of the parlor car ice-cooler.

THE PROSPECTS OF AN EPIDEMIC.

THE general diffusion of cholera in isolated spots over Europe, gives a little reminder of our debt to sanitary science, to which alone we owe it that each of these has not developed into an appalling pestilence. And in our own country, with yellow fever at Pensacola and at the Delaware breakwater, typhus in New York City, and cholera at the New York quarantine, the public keeps quite cool, confident in the ability of our health officers to protect us from any epidemic visitation. The outbreak of cholera on a ship that had been disinfected, and was about to be passed to the city wharves, shows how imminent is the danger and how difficult the task of the officers in charge of the work. The slightest failure in the practical work of disinfection may let in the enemy. Even so, in all our great seaboard cities, the work of preparation has gone on so far that even were the quarantine to be eluded, the disease could scarcely obtain a foothold before it is annihilated. With all her faults the New York ring is to be congratulated, that she has given this work to so efficient a man as Cyrus Edson.

SEXUAL CRIME AND THE WAY TO DEAL WITH IT.

PHILADELPHIA has given two striking examples to verify the comments we recently made on Hunter McGuire's defense of lynching. Three men were charged with feloniously assaulting a young Scandinavian girl. They were arrested, and one was acquitted, but the others convicted and sentenced to fifteen years each in the Penitentiary. Several Italians were charged by a young girl with the same crime. They were arrested, but medical examination showed that the girl's story was untrue, as she had not been deflowered. Apart from this, the evidence proved the falsity of the charges; and that the girl had put her relatives in jeopardy, either from childish revenge or from a prurient desire to attract notice to herself by posing as an interesting victim.

Under the customs of lynch law, all six of those charged with the offenses would have been put to instant death by

mobs, perhaps tortured with all possible circumstances of ignominy. Then, what an awakening to the really conscientious members of the lynchers' court, when they realized that they had sacrificed the lives of innocent men!

Even as we write, comes further confirmation in the reports of the Meacham troubles in North Carolina. The gang wanted to get rid of a negro who knew the parties who had murdered his brother. A woman declared that she had been outraged, and, when all the neighboring negroes were paraded before her, identified the one in question as the offender. He, however, was able to prove an alibi, by unimpeachable white witnesses, and escaped; only to be shot down, soon after. But if he had not proved his alibi, the world would doubtless have been shocked by the story of another negro outrage, and the subsequent lynching.

The only fault to be found with our Philadelphia method is that the punishment fails to fit the crime. Fifteen years in the prison is more likely to transform such men into erotic maniacs, or professional criminals, than to reform them or deter others from the commission of similar crimes.

The man who has once committed a rape is a menace to society for his whole future life; whereas castration would at once put an end to the impulse to such crime, and transform the individual into a good citizen, in all probability, besides offering an example to others, that would prove far more effectual than the fear of imprisonment.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

*Bureau of Information,
TIMES AND REGISTER,
1725 ARCH STREET, - Philadelphia, Pa.*

ECZEMA.

THIS is my third inquiry, and I know I will get the same "solid information," that I received from your bureau on former occasions.

I am trying to cure an aggravated case of "eczema of the back of the hand," of long standing.

I have used sulphur and cream of tartar, internally; ichthyol, ung. zinc oxide and lanoline, externally; also thymoline soap.

I have helped the itching some, and the small watery blebs do not break so readily; but the eruption stays with us.

There is some objection on the part of the patient to arsenic, hence I have not used it.

The cause of this eczema is the constant wetting of the hands in ordinary water; so the story goes. The patient is in good health; has a good appetite and digestion, and the skin is in good condition except on the hand.

What would you suggest?

R. R. COOKE.

[I would apply Marchand's glycozone every night for a week, and then an ointment of biniodide of mercury, five to twenty grains to the ounce, as the patient can stand. See that the digestive and urinary apparatus are in good order. Forbid tomatoes. Tell the patient to apply glycerine, one part, bay rum, three parts, with a little oil of rose, to the hands after they are wet—W. F. W.]

POISONING FROM IVY OR RHUS.

AS the season advances when physicians are called to patients suffering from ivy or rhus poisoning, it is meet that the best remedy for that disease should be well known, especially to those physicians whose labors are mostly in the country.

During the last six years I have treated many cases of poisoning from the above named plants, and in that time think I have found a remedy, that exceeds all others in reliability of cure and easiness of procuring. In fact during the last three years I have used no other remedy, no matter how severe the dermatitis.

The remedy is the leaves of the chestnut tree (green), made into a strong tea and applied every three or four hours. Pigmentation to some extent follows, but soon passes away. This wash used in the beginning will relieve a severe case in twenty-four hours; as the disease advances it requires longer to check and cure it.

The application is attended by no pain,

but relief of the itching and heat follows at once; and as the remedy is non-toxic and non-irritant it can be used about the eyes, mouth, etc., with perfect freedom.

In 1889 I gave this remedy to the profession, and so many physicians have been pleased with its results that I feel anxious the readers of the TIMES AND REGISTER may at least give it a trial.

S. B. STRALEY, M. D.

ANDOVER, N. J.

GASTRIC CATARRH.

I SHOULD like to have some information regarding the following case:—

It is a male, age 31 years. Two years ago last winter he contracted a severe cold, from exposure to the weather over night; which settled, not in the lungs or nasal passage, but in the stomach; producing gastric catarrh, which has become chronic. The appetite is usually good, but the patient is obliged to avoid anything of an acid nature, as it aggravates the symptoms. Rancid eructations are frequent, and he is obliged to take considerable quantities of soda, which gives temporary relief. The symptoms are always much worse if he has to wait over the regular time for his meals, which is frequently the case.

Nervous symptoms are also present. Can you suggest a plan of treatment which will give permanent relief?

J. L. HOLMES, M. D.

MOUNDSVILLE, W. VA.

[Direct flannel next the skin, and see that the feet are properly protected. Forbid all fried food, pork, veal, fat, pastry, hot cakes, sugar and iced drinks. Give no drink with the meals, but a cup or two of hot milk or water after he is through eating. Give him ten drops of hydrochloric acid, dilute, before each meal, and a teaspoonful of Procter's acid wine of pepsin with wahoo, if the bowels are not open regularly. If he does not improve in a week, put him on Salisbury's diet of lean beef and hot water exclusively, with the pepsin.—W. F. W.]

ZINC SULPHO-CARBOLATE IN INTESTINAL DISEASES.

YOU ask "When will they learn" in speaking of sulpho-carbolate of zinc in treating cholera infantum. Some of us have been in that line for years, and the above trouble has lost much of its terror.

I have had three decided cases within ten days—all showing marked dysenteric symptoms—all controlled within twelve hours with sulpho-carbolate of zinc and bismuth subnitrate, with white of egg beat in cold water for nourishment. Several cases of simple diarrhoea in adults have also been controlled at once by the above remedies. When we produce asepsis in the alimentary canal, our object is gained; and I have never found an equal to sulpho-carbolate of zinc, in two to five grains every two to four hours.

TRUMAN COATES, M. D.

RUSSELLVILLE, PA.

Book Notes.

REACTIONS.—A SELECTION OF ORGANIC CHEMICAL PREPARATIONS IMPORTANT TO PHARMACY IN REGARD TO THEIR BEHAVIOR TO COMMONLY USED REAGENTS. By F. A. Flückiger, Ph. D., M. D. Authorized English edition. Translated, revised and enlarged by J. B. Nagelvoort, analytical chemist to the Pharm.-Chem. Laboratory of Parke, Davis & Co. [With portrait and autograph letter of the author.]

Every physician who has been compelled to hunt through his library for his text books on chemistry, to find a chemical reaction suddenly required, will appreciate this volume, in which all these are brought together.

The well-known ability and established reputation of Prof. Flückiger are sufficient to insure for this translation of his most recent work, the interest of the entire pharmaceutical world.

This volume is a revised and enlarged edition of the German text—not a verbatim translation. It is assumed that there is no necessity for describing apparatus, and that the English reader, no less than the German student, is familiar with chemical manipulations.

The publisher has left abundant room for marginal notes, as a means of contributing to the value and usefulness of the work.

The book is printed on very fine paper, and the mechanical work is of superior excellence. It is published by George S. Davis, of Detroit. Price, \$2.00.

GERMAN NOTES.

TRANSLATED BY ADOLPH MEYER.

P. FLECHSIG recommends a new method of treating epilepsy, a combination of the opium and the bromide treatment, opium being used exclusively for six weeks and then replaced at once by bromides. He gives the powder or extract of opium, a grain two or three times a day, increasing the dose up to fifteen grains a day. At the end of six weeks the use of the opium is stopped suddenly, and large doses of bromide (two drachms a day) are administered for about two months; afterwards the dose is diminished successively down to half a drachm a day. The author lays most stress on the sudden interruption of the opium treatment by the use of bromide. During the use of opium the fits do not decrease in number but occasionally; as a rule, the influence of the cure shows itself only after the use of the bromide. F. has obtained excellent results with this method.—*Therapeutische Blatter.*

PARENCHYMATOUS INJECTIONS FOR TONSILLITIS.

Patients with hypertrophic tonsils suffer very frequently of infectious catarrhal sore-throat. V. Ziemssen recommends in these cases parenchymatous injections. He uses for this purpose a two-per cent. solution of carbolic acid, of which half ccm. (eight minimis) are injected. After one or two injections, sometimes an hour afterwards, the inflammation is either entirely gone or much improved.

Sahli uses for the same purpose trichloride of iodine and obtains the same favorable results.

Heubner has been using injections of carbolic solution with good results in the diphtheria of scarlet fever; they have to be repeated very frequently.

—*Therapeutische Blatter.*

TREATMENT OF NEURALGIA ACCORDING TO DUJARDIN-BEAUMETZ, USE OF THE ANALGETIC ANTITHERMICS.

For migraine: antipyrine is to be preferred (fifteen grains to one drachm a day in capsules or in grog).

For lightning pains, due to locomotor ataxia, compression, and bad teeth:

Acetanilid, seven grains, three times within twenty-four hours.

For neuralgia: Exalgin, four grains in the morning and in the evening.

For nervous pains: Phenacetin, fifteen to forty-five grains within twenty-four hours.

TREATMENT OF GONORRHEA.

Jonathan Hutchinson recommends the following combined method: Injection of a chloride of zinc solution (0.4:100) three or four times a day; internally oleum santali in capsules, and in the evening a slight laxative with bromide of potash.

HÆMORRHOID.

Hot sitz baths daily, and every day three or four applications of absorbent cotton soaked in:

R	Iodide of potash	3-7.5 (1-2 drachms)
	Iodine	0.5. (7.5. grains)
	Glycerine	60.0 (2 ounces)

—*Therap. Blatter.*

PROPHYLACTIC TREATMENT OF FREQUENT RECURRING TONSILLITIS.

R	Acid. carbolic	75 grains
	Spirit. vini rectific	150 grains
	Ol. menth. pip.	gtt. i
D. S.	Ten drops in one cup of warm water in the morning and in the evening as a gargle.	

—*Prag. Med. Woch.*

A local anaesthetic recommended by Dobisch:

R	Chloroformi	10.0
	Aetheris	15.0
	Menthol	1.0

This mixture is applied by means of Richardson's spray, and, within a minute, an anaesthesia is obtained which lasts from four to six minutes.

—*Prag. Med. Woch.*

Prof. Miller (Berlin) recommends the following prescriptions for the care of teeth:

R	Acid. thymici	0.25
	Acid. benzoici	3.0
	Tinct. fol. eucalypt	15.0
	Alcohol absol	190.0
	Ol. gaultheriae	gtt. 25
M. D. S.	—1 to 2 teaspoons in $\frac{1}{2}$ glass of water.	
R	Calcar. carbonic. prcip	120.0
	Cort chinæ fusc.	
	Conchæ praep	aa 60.0
	Myrrh. v. pul	35.0
	Ol. menth. pip	gtt. 15
M.	exactissime. S.—tooth-powder.	

—*Therap. Blatter.*

The Journal des Mal. Cut. et Syph., gives the following prescription for impetigo contagiosa and eczema pustulosum :

R	Salol	
Aether sulph	aa 3.0	
Cocain. muriat	0.2	
Collodion	20.0	

—*Prag. Med. Woch.*

The Medical Digest.

FOR SUMMER COMPLAINT.

R	Acidi hydrochlorici diluti	m _{xvi}
	Pepsini puri	3 <i>i</i>
	Bismuthi sub-nitrat	3 <i>ii</i>
	Syrupi	f 3 <i>ii</i>
	Aqua dest	f 3 <i>xvi</i>

M. Sig.—Shake bottle and give teaspoonful before each feeding or nursing to an infant one year old, half the dose to an infant of six months.

This prescription must be made fresh every second day and kept in a cool place, as it is prone to fermentation and would be unfit to use.

—W. E. Fitch, *Charlotte Med. Jour.*

BERI-BERI.

Ashmead in *Science*, quotes the experience of three ships that suffered with beri-beri. In each case there was a special cause at work, generally carbonic oxides; to which Ashmead attributes all the phenomena of this singular affection.

PHENOL-BISMUTH, CRESOL-BISMUTH, BETANAPHTHOL-BISMUTH, TRIBROMPHENOL-BISMUTH, PYROGALLOL-BISMUTH.¹

In a paper, published in the "Archives des Sciences Biologiques," Vol. II., No. 2., Dr. M. F. A. Jasenski reports experiments made in Prof. Nencki's laboratory at the St. Petersburg Imperial Institute for experimental medicine. As the results, derived from these experiments, Dr. Jasenski publishes the following conclusions:

I. Phenol-Bismuth, cresol-Bismuth and betanaphthol-Bismuth, when introduced into the stomach, are decomposed by the gastric juice into phenol, cresol or naphthol on one hand and bismuth on the other; some of the preparation which has not had sufficient time to be

decomposed in the stomach, passes on into the intestine, where the conditions are also favorable to its complete decomposition, on account of the acid reaction of its contents and the presence of the pancreatic juice.

2. Phenol and cresol, after being separated from the bismuth, are absorbed completely by the intestine and eliminated with the urine in the form of sulfo-carbo-late or cresylic acid, or combined with glycouric acid; naphthol, on the other hand, is only partially eliminated with the urine, the remainder passing through the whole digestive canal and being excreted with the feces.

3. Bismuth is almost completely excreted with the feces (96.4 per cent.) as sulphide of bismuth, none of it being found in the urine. This is different in the dog, as the gastric juice of this animal contains much more hydrochloric acid than that of man. A small quantity of bismuth, therefore, is here transformed into the soluble chloride, reabsorbed and eliminated with the urine, while the greater part passes away with the feces in the form of sulphide as in man.

4. In spite of the toxic properties of the phenols, etc., none of the three preparations has had the least injurious effect, although they were administered for three weeks in daily doses of five grams, (seventy-five grains) to man and of ten grams, (150 grains) to dogs. This is probably due to the slow separation of the phenols, etc., from the bismuth.

I had previously shown by various observations that all combinations of the phenols with bismuth always arrest the development of bacteria, if they do not actually kill them; these results, together with those detailed above, certainly justified me in assuming that these preparations would have a beneficent influence in various diseases of the gastro-intestinal tract, more especially in those which are caused (typhoid fever, cholera asiatica) or those which are prolonged (chronic intestinal catarrh) by the action of micro-organisms. Thus, I deemed it advisable to try these preparations on patients suffering from those diseases. Prof. Pasteratzki, whom I approached on the subject, was kind enough to permit my making these trials at his clinic; there I have made, under his supervision, a series

¹ These preparations are made by Dr. F. von Heyden, and can be obtained from the importers, Shering & Glatz, of New York.

of observations the results of which will be succinctly stated forthwith.

Six cases of acute gastro-intestinal catarrh were cured within from two to five days, after having taken from one to three grams (fifteen to forty grains) daily of phenol-bismuth and betanaphthol-bismuth.

In a case of acute proctitis, phenol-bismuth was given in enemata—two grams (thirty grains) to sixty grams (two ounces) of water—the patient being completely cured after the administration of two enemata on two consecutive days.

In a majority of cases of chronic intestinal catarrh, even in those of several months' standing, phenol-bismuth, and still more betanaphthol-bismuth, had a very beneficent effect. One case out of five did not give satisfactory results. I prescribed for those patients daily doses of from three to four grams (forty-five to sixty grains).

It is easily understood that in this latter group of cases the treatment was of somewhat longer duration. One patient who had suffereded with intestinal catarrh for a year, who had severe colicky pains and from three to four diarrhoeal passages a day, was in a very weak condition; he was cured within one month's time by the administration of from two to three grams (thirty to forty-five grains) of phenol-bismuth daily.

I have seen this patient three weeks after his discharge from the hospital; he felt perfectly well, neither the diarrhoea nor the pains having returned. He had the appearance of being entirely cured; he had gained flesh and had red cheeks. As he was afraid of a relapse, he continually observed a strict diet. I have had the identical good result with betanaphthol-bismuth in a patient with chronic intestinal catarrh. Two patients with cirrhosis of the liver, who complained very much of diarrhoea and abdominal pains, were also successfully treated with phenol-bismuth and betanaphthol-bismuth. One of them left the hospital before the diarrhoea had completely ceased, while the other, after from twelve to fifteen days treatment, did not complain any more of diarrhoea and pains. A case of cancer of the stomach with eructations and vomiting, I succeeded to benefit greatly by combining stomach

washing with the internal exhibition of from five-tenths to two grams (seven and one-half to thirty grains) of phenol-bismuth. The distressing symptoms disappeared then, while washing out the stomach had not been able to affect this. Unfortunately I have not been able to continue these clinical observations; yet the results obtained encourage me to hope that the use of combinations of the phenols, etc., with bismuth will give excellent results in the treatment of acute and chronic diseases of the digestive canal, as well as in the various infectious diseases, such as typhoid fever, cholera, etc. Certainly these results will be better than those obtained with the older preparations of bismuth which have so far been in general use.

Trim bromphenol-bismuth has been recommended by Prof. Hueppe, in a paper published in the *Berliner Klinische Wochenschrift*, 1893, No. 7, as a specific against cholera asiatica. It is described as a yellow, neutral, insoluble powder, destitute of odor and taste, nearly non-poisonous, indifferent to mucous membranes and the organs of digestion. It contains 49.5 per cent. of bismuth oxide besides 50 per cent. of tribromphenol. The daily dose for adults is five to seven grams, (one and one-fourth to one and three-fourths drams) given in single doses of one-half gram (seven and one-half grains.) Trim bromphenol-bismuth, it is said, possesses powerful bactericidal properties, probably uniting the cholera-poison with the bismuth, and transforming it into a non-poisonous and non-absorbable substance, and it protects the denuded intestinal mucous membranes against the development of the cholera-bacilli. Betanaphthol-bismuth has also been designated by Hueppe as a most powerful intestinal antiseptic. It contains 80 per cent. of bismuth oxide. It is a neutral, brown, odorless, non-caustic powder, insoluble in water and decomposed into its component parts in the intestine, the betanaphthol being absorbed and discharged with the urine, while the bismuth is evacuated with the stools. The dose is one to two grams (fifteen to thirty grains). Pyrogallol-bismuth is the most remarkable of these various bismuth-compounds. It has the advantage to resist the action of acids, while it

dissolves in alkaline liquids, the intestinal juices more especially.

ICE IN THE TREATMENT OF ACUTE PNEUMONIA.

Whatever its nature may be, it is quite certain that no other disease has elicited a greater number of conflicting opinions concerning its treatment than has croupous pneumonia. Forty years ago bleeding and blistering were regarded as its specifics; but these are now, and for the last twenty years have been, scarcely thought of in this connection. In the meantime hot poultices, aconite, veratrum viride, digitalis, quinine, etc., have taken their places, yet it is not too much to say that they have all led to disappointment and come to grief in the retort of clinical experience, and that finally the profession has gravitated to the conviction that the disease is self limited in duration, and that hence all efforts to control its course are fruitless, if not actually harmful. To be thus compelled to stand before a disease and acknowledge one's helplessness and impotency is, to say the least, an unenviable position, but I must confess that until I became familiar with the value of local cold applications in this disease I was in hearty accord with this idea. Since then I may say that I am able to approach a case of pneumonia with a greater degree of assurance—not with the feeling, however, that we possess a specific, but with the confidence that here is an agent with which we are able to impress and circumvent the severity of the pneumonic process. I believe that cold properly applied will effect the death-rate of pneumonia as profoundly as it has affected that of typhoid fever, and, although I do not expect a rapid introduction of this measure, on account of a deep-rooted prejudice which exists against the use of cold in almost all internal diseases, I trust that the evidence which is herewith submitted will serve to commend it to the serious attention of the profession. Under the titles, "Can Croupous Pneumonia be Abated?" and "Ice in the Treatment of Croupous Pneumonia," I contributed two papers to the *Medical News* of Sept. 24th, 1892, and Jan. 21st, 1893, respectively, in which are related three cases of pneu-

monia which were treated principally with applications of ice to the chest; and since the appearance of the first paper I instituted a collective investigation on a small scale by sending a number of circulars to various members of the profession inviting a trial of the ice treatment.

The histories of the fifty cases which have been brought under my notice open up many points of interest in the discussion of the influence of ice in the treatment of acute pneumonia, and as pertinent to this subject I will append the following comments:

The resolving power of ice on the exudation.—This is a marked feature in its therapeutic action and must be regarded as one of the strongest factors in its curative influence. This can at least be partly explained on the following basis: The most apparent lesion in croupous pneumonia is an enormous distension of the pulmonary capillaries, partial or complete stasis of the blood in these vessels, and exudation of the fluid constituents of the blood, and diapedesis of white and red blood-cells into the alveoli of the lung. It is well known that cold has the power of contracting the blood-vessels, and from this action one can understand why it should exert a beneficial action on pneumonia by giving tone to the capillaries, by restoring the normal blood flow and thus checking the leakage. But there is often reason for believing that it also dissolves the exudation in the pulmonary alveoli. For example, there may be a pneumonic area in which there is absence of respiratory murmur, the presence of a flat percussion note and bronchial breathing indicating beyond doubt that the process has passed beyond the stage of engorgement and into that in which the exudation has filled the alveoli, yet the application of ice will in a remarkably short time develop a new group of physical signs, such as crepitus, reappearance of the respiratory murmur, diminution of flatness, etc., indicating that a break-down has occurred in the exudation. This has not only been observed by myself, but is dwelt on by Dr. Lees, who says: "In many cases I noticed a striking arrest in the development of the physical signs," and that the ice-bag "distinctly tends to repress the inflammatory process in the lung."

Influence on symptoms. — Not less decided is the influence of the ice on some of the most prominent symptoms of pneumonia. The pain, difficult respiration, cough and expectoration are remarkably relieved, and the temperature is frequently depressed two and three degrees in the course of half a day. The benefit which is exerted on these symptoms products a very agreeable effect, and often makes the ice acceptable to those who at first protest against its use. This I have noticed in most of my cases, and it has also been witnessed by others, as will be seen in the histories of the cases which have been reported to me.

Is the ice injurious. — My own rather limited experience with the ice treatment does not show that it is accompanied or followed by any evil consequences, nor have any of those who reported cases to me observed any such results, although some of them kept the ice in position for two weeks. Dr. Lees says: "I have never seen any harm follow from the employment of the ice-bag in pneumonia."

Ages of patients. — It is important to note in this collection that the ages of the patients to whom the ice was applied varied from infancy to old age—the youngest being six months and a half old and the three oldest were sixty, sixty-five and seventy-four years respectively.

The results. — It may be said, without claiming too much, that the results which have been obtained from the ice treatment of pneumonia are good. Out of the fifty cases which I collected but two were fatal, making a death-rate of four per cent. In estimating this mortality rate it must be remembered that at least one of the cases that died was an exceedingly unpromising one, being a sufferer from chronic lead poisoning and also very intemperate; whilst the pneumonia which caused the death of the other one was in all probability an acute exacerbation of an old attack. In Dr. Lees' series of eighteen cases no deaths occurred, nor did any occur in the eleven cases reported by Dr. Jackson. Moreover, *The Lancet* refers to an article by Dr. Fieandt, published in *Duodecim*, a Finnish medical journal (an original copy of which I am unable to procure), in which there is an account of 106

cases of pneumonia treated with ice applications by that gentleman, and notwithstanding that amongst these there were ten cases of double pneumonia and that the epidemic of the disease was rather severe, he only had three deaths, or a death-rate of 2.82 per cent. Adding these cases to those reported in my collection, there is a total of 156 cases of pneumonia treated with cold applications to the chest, with five deaths, or a death-rate of 3.20 per cent. Whilst the number of cases reported here is not very large: it is nevertheless evident that the results of the ice treatment are much superior to any other with which I am familiar. Thus, according to Osler, the mortality rate of 1012 cases in the Montreal General Hospital was 20 per cent., whilst in the Charity Hospital at New Orleans it was 29.01 per cent. Of 1000 cases of pneumonia treated in the Massachusetts General Hospital, from 1822 to 1889, there was a mortality of 25 per cent. In Dr. Hartshorne's valuable paper on pneumonia it is estimated that the death-rate from this disease in the Pennsylvania Hospital during the years 1884, 1885 and 1886 was a little more than 31 per cent. In comparing the results of the ice treatment, so far as they go, with those which have been obtained from the treatment pursued in the above mentioned hospitals, I find that they are about eight times better under the former than under the latter method of treatment. It will be of great interest to see whether these satisfactory results can be maintained by future clinical investigation, and if this can be done even approximately it is needless to say that a pronounced advance in the therapeutics of acute pneumonia will have been made.

—T. J. Mays in *The Lancet*.

ASAPROL.

1. In chronic rheumatism it is apparently of not much value, except to relieve the pain of an acute exacerbation, but it is better than salophen or salicylate of soda for this purpose. This is only what we might expect, since we believe that chronic rheumatism is a disorder of nutrition.
2. In gonorrhœal rheumatism it is

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3 In acute articular rheumatism its administration does not present the disadvantages of the salicylates, yet it is not so valuable; yet it is of far greater value than either the alkaline or other treatments that were formerly in vogue. So far as we are able to conclude from the cases under observation, the results obtained in this condition with salophen are superior to those obtained by any other so-called treatment.

4. In cases of epidemic influenza, the use of this remedy is to be recommended.

5. In cases of atonic dyspepsia of the flatulent or acid variety, we may expect to obtain good results. While on the whole the results that we have obtained have not been as brilliant as we were led to expect from a careful study of the literature, yet we are of the opinion that in selected cases it is a remedy of value, and its use should be persisted in until its limitations are clearly determined and the diseases, which it may be expected to favorably influence, are well-known.

The line of investigation, that is, the subject of soluble antiseptics, is an interesting one and should be carried out in order that we may complete our knowledge of this, one of the most fruitful fields of modern clinical research.

—Wilcox, *Epitome of Med.*

GASTRIC NEURASTHENIA.

As late as 1878 Leube concluded that many disturbances, found especially in women, which heretofore were called catarrh, are truly of nervous origin, and to substantiate his contention he gave the ordinary test breakfast, and after digestion began he examined the contents and found that in many of these cases digestion proceeded and continued perfectly normal. Yet, accompanying this act, certain symptoms developed, as headache, dizziness, palpitation, and others referable to the digestive tract, such as belching, eructations, yawning, hiccup, gaping, griping, etc. Leube argued that there must either be a poison generated and absorbed, or the nerves of the stomach must be hyperæsthetic.

As the disturbances began almost immediately food was taken he concluded,

rightly enough, that the poison theory was untenable and that hypersensibility was the only sensible explanation.

It is somewhat difficult to understand that these disturbances, coming often without any apparent cause, should affect the stomach, but few, if any, have a perfectly balanced nervous system, and vulnerable points are to be found if sought in every individual—points that respond too fully or too feebly. No resistance, no inhibitory power,—nerve storms sweep over them like the wind over the high seas. Weak by nature, weakened perhaps by excesses, what wonder that the stomach may, like other organs, call to us aloud. To-day it is admitted by all who have studied gastric diseases, that there exists a well marked neurasthenia which admits of classification according to the function disturbed—so that we may distinguish motor, sensory, secretory, and perhaps vaso-motor disturbances, the latter because it is possible theoretically, though no cases have been reported so far as I know, and would no doubt be very difficult to diagnose, unless cases which are characterized by great faintness and pallor be put in this class.

It is first always necessary to determine whether the case belongs to the irritative or depressant form of neurosis, also how far the general bodily health needs toning up. In the irritative forms, shown by pain, vomiting, etc., opium and its alkaloids are our sheet-anchors, belladonna, hyoscyamus, chloral and other sedatives acting sometimes very well.

Washing out the stomach, as first recommended at Kussmaul's clinic, often relieves when everything else fails, and it is advisable in all cases that resist for any length of time the influence of drugs to try the washing.

Change of air very often does well; going from a low to a higher altitude and *vice versa*, or from a warm to a cooler climate; sea voyages, sea bathing; changes of occupation, as from a sedentary to active life.

In the depressant forms, stimulants and forced feeding. Forced feeding must very often be done by means of a tube, as the patient frequently loathes the sight of food. In such cases gavage, as recommended by Dujardin Beaumetz,

is the best method. This is carried out by means of a short rubber tube reaching down the oesophagus to a point opposite the cricoid cartilage. Food should be liquid and introduced slowly to prevent vomiting. The amount of food per diem for an adult varies within wide limits, but it is always best to begin with a good deal and await developments. Wiessner recommends 100 grammes of albumin, 150 grammes of fat and 300 grammes of carbo-hydrates. This is represented by two quarts milk, two ounces butter, six eggs and three and a half ounces sugar. Feeding as a rule has not to be continued very long, for when patients find that digestion proceeds regularly they get encouraged and begin to eat of their own accord.

The argument first used and still used against forced feeding for weak stomachs seems hard to answer. But as a weak heart, weak lungs, weak muscles are aided and strengthened by exercise, why cannot the same argument apply to the stomach?

Experience has proven that from forced feeding, and it alone, can we expect to get good results in the depressant forms. In the irritative forms, such as vomitus nervosa, forced feeding by the stomach is almost a fatal error, and we must rely on sedatives and enemata; so that care must be taken in our diagnosis.

Each group of cases has its own peculiarities, and must be treated accordingly, and the physician who sticks to the one rut and changes not will often meet with failure. It is in neurotic patients that individual idiosyncrasies must be studied and treated. Patience, firmness and tact in the physician are most essential attributes in dealing with these cases.

—Gunn, *Montreal Med. Jour.*

DEATH FROM IODISM.

The following case is of interest because, so far as I am aware, no death from iodism has previously been reported.

The patient, a man sixty-eight years of age, was seen in consultation with Dr. William S. Moore. He was of robust physique, and enjoyed fair health with the exception of rheumatoid arthritis, with which he was affected. A slight exacerbation of this trouble had led him to call

in a dispensary physician a few days before. The following was prescribed.

R	Syrup. ferri iodid	3ij
	Potass. iodid	3i.
	Syrup. simplicis ad	3iv.
M. Sig.:—	3j, t. i. d.	

One teaspoonful of this was given on the first day, two on the second, and two on the third. By this time the symptoms of iodism were so intense that the medicine was discontinued, and Dr. Moore sent for. A profuse coryza and conjunctival congestion were then present. So intense were these that hemorrhages occurred from the nostrils and eyelids. The skin had at this time a mottled hue, and bullæ were found on the face, scalp, neck, chest, arms, hands, legs and feet. Some of the bullæ were as large as a silver dollar and contained sanguous fluid. The eyelids ulcerated and became so swollen and covered with crusts as to conceal the eyeballs. The nostrils were completely blocked with crusts. The mucous membrane of the mouth and throat was inflamed and eroded, swallowing being painful and difficult. The voice became husky, and at last sank to a whisper and disappeared. Superficial ulcerations took the place of many of the bullæ. There were no gastro-enteric symptoms. The urine was not examined. The mind was clear, and there was no neuralgia.

The patient remained as described above for several days. He died on the tenth day from the administration of the first dose, from inanition and a low grade of pneumonia. There was no autopsy.

—W. L. RUSSEL, *Med. Record.*

PARALDEHYDE HABIT.

In the July number of the Edinburgh *Medical Journal*, Elkins gives an interesting account of a case of paraldehyde habit. It is probably the first of its kind on record. The patient was a married man, aged sixty-five, and a coachman by occupation. He was a man of naturally cheerful disposition, though liable to take offence easily. He had been troubled with insomnia for seven years, and twenty-six months before coming under observation (November, 1892) had begun to use, under medical advice, paralde-

hyde in small doses. The habit grew on him, so that on his own responsibility he had greatly increased the dose. When first seen he was using sixteen ounces weekly. He had lost nearly thirty pounds, and had grown so weak that he had to lie in bed and be fed by his wife with a spoon. He had a slight rise of temperature every evening; a weak and irregular heart action, with palpitation; and a soft, intermitting pulse. There was considerable flatulence, bowels were costive, hunger excessive, and a paraldehyde odor was noticeable on the breath.

The symptoms referable to the nervous system are summarized by Elkins as follows:

1. Motor symptoms: General muscular weakness; general tremulousness, especially in tongue, facial muscles, and hands; gait feeble and unsteady; general restlessness. 2. Sensory symptoms: "Strange feelings" running through body. 3. Mental symptoms: Insomnia; great mental anxiety and agitation; discontent; unreasonableness; mental confusion; mental excitement; temporary loss of memory and incoherence of speech; shouting; tendency to strip himself; hallucinations of sight (he saw "strange beasts"); hallucinations of hearing (he heard his death would appear in to-morrow's paper, he heard his wife had said she wished he were dead); delusions (that he was being poisoned, that his milk was drugged with laudanum, that a woman was in his bed, preventing him from occupying it, that people were tormenting him, that the doctors meant to kill him, that the house was on fire, that harm was about to happen to him). It will be noticed that the hallucinations of sight and hearing and the delusions were all of an unpleasant kind.—*Med. Record.*

THE PREVENTION OF DEAFNESS.

It can no longer be disputed that the shutting off of that accessory sinus known as the middle ear, which contains the mechanical auditory apparatus, and which is subject to constantly varying pneumatic influences, is the greatest cause of deafness in the world. If our progeny are to avoid deafness, great care and attention must be given to the earliest symptoms which indicate that the

sinus of the middle ear is not in normal communication with the throat, and adequate means must be employed to re-establish this connection when it has been interfered with. A simple swollen condition of the mucous membrane of the nasal passages is the common cause which produces defective hearing, through its effects on the ventilation of the middle ear.

The above trouble may result from an occupation which exposes one to a constant draught; at a desk directly under a ventilator, which is a more common cause than is generally supposed. Constitutional influences may also be the cause of chronic inflammations of the mucous membranes of the head that will not improve without intelligent medical treatment. This form of inflammations of the mucous membranes, when following acute infectious diseases, as scarlatina, diphtheria, measles, and all others of this kind will, in the majority of cases, when uncomplicated, recover in time to save the hearing without any direct or special treatment. It is well, however, to diligently inflate the ears while one is waiting for the inflammation of the mucous membrane of the pharynx to subside.

Surf-bathing always endangers the hearing by the direct injection of salt water into the middle ear from the nasal passages. The rougher the water the greater is the danger. Ear disease, the result of this cause, if uncomplicated, generally recovers in a satisfactory manner under the ordinary routine treatment of inflation, and the patients frequently make a good recovery without treatment. Inflammations of the mucous membranes of the head, due to deformities, hypertrophies, and growths of the nasal passages, produce diseases of the middle ear which cannot be improved without surgical assistance. It is just this class of cases, that require operative assistance and do not get it in time, that make up the great mass of deaf people in the world.

It is surely true that the length of time which frequently elapses during which the unorganized products of an acute inflammation may exist as the prominent factor in causing deafness, is not generally appreciated. Only in proportion as the defective hearing is due to the unorganized products of an inflam-

mation can any favorable prognosis be indulged in, and the earlier the stage of inflammation the more sure one can be that the products of the inflammation have not become organized into new tissue.

There is no help for that part of defective hearing which is due to true connective-tissue formations in or about the middle ear. The attempt is now being made to overcome some of the disastrous effects of contractions in the middle ear resulting from chronic inflammation, by removing the ossicles. I have not the courage to hope for any practical success from this method as a means of improving hearing. In a small proportion of cases it may relieve the annoying subjective noises in the head. I am, however, open to conviction and am anxious to see the hearing of old cases of catarrhal deafness benefited by any method. The man who can accomplish this end will be warmly greeted by mankind. The best that can be done up to this period is to cure the deafness before the products of inflammation have become organized, and that is a very wide step toward the welfare of the people.

To avoid disappointing both patient and surgeon, good judgment is necessary as to how much of the bad hearing is due to the early unorganized products of inflammation, and how much of the trouble is due to the late or organized products.

If we look at middle-ear disease from the point the cases cited indicate, we will not find otology so discouraging as it has been. We will benefit our patients, when we have a fair chance, where formerly flat failures were encountered, and reputations will be saved by refusing to treat those who cannot be benefited.

—Bucklin, *Med. Record.*

DIGITALIS AS A DIURETIC.

When digitalis is given to a healthy person it strengthens the heart beat and increases the blood pressure, but there being no obstacle to the flow of blood through the kidneys it simply courses through more rapidly, and as the tension in the Malpighian corpuscles is not increased, the secretion of urine is little affected. But in conditions of disease,

where there is general venous stasis, or where on account of the local kidney affection there is swelling, which compresses the vessels on the efferent side of the Malpighian corpuscles, then the effect of digitalis is greatly to increase the pressure in these corpuscles and to cause a greater escape of the watery constituents of the blood into the uriniferous tubules; in short it is a true and most effective diuretic. Furthermore, by improving the circulation in the kidney digitalis aids its nutrition and so helps its recovery from the diseased condition which may have brought about the necessity for its administration. The indication, therefore, for the use of digitalis as a diuretic would be evidence on the part of the urine of congestion of the kidney, as shown by diminished quantity and increased specific gravity of the urine, while to use it in cases where the quantity of urine was diminished because much of the secreting portion of the kidney was destroyed, would be worse than useless.—*N. W. Lancet.*

TREATMENT OF DIPHTHERIA.

The effective treatment of the pseudo-membrane—and I ignore the now obsolete, harsh and violent attacks (tearing off, burning out, etc.) which were certainly injurious—the effective local treatment presupposes two things: (1) An agent which is a powerful and rapid germicide and yet non-injurious to the patient. (2) The bringing of this germicide into intimate relation with the germs of the disease.

Treatment by the sub-membranous injection method of Seibert best meets these two requirements. Chlorine water of pharmacopoeial strength is the agent employed, powerful, and yet locally so entering into combination with the injected parts as to be entirely innocuous to the patient. Next, as to bringing this agent into contact with the germs: It is not left to the meagre chances of a gargle, spray or swab, but the chlorine water is injected directly into and below the false membrane by the Seibert syringe, whose long shaft and well-adapted tips enable the operator to thoroughly and rapidly inject the pseudo-membrane in most of its early and comparatively accessible

sites. Upon injection the chlorine water spreads so that the area injected is considerably greater than represented by the needle points. Generally from two to five injections are necessary at a sitting, and usually one or two sittings have been found sufficient. The coincident pain is certainly comparatively slight, for I have had very little difficulty in injecting a second time.

—W. S. Barker, *Med. Fortnightly.*

ANTISEPSIS IN OBSTETRIC PRACTICE.

In applying the principles of antiseptic surgery to obstetrics we must be governed not only by the condition, habits and surroundings of the patient, but also by the character of the labor and the amount of injury inflicted therein. I would enumerate the following as the chief antiseptic measures to be observed in ordinary labor :

1. At the onset of labor the external genitals should be cleansed thoroughly with hot water and soap and washed afterwards with a 1 to 5,000 bichloride solution.
2. Should an ante-partum vaginal douche be indicated, a hot 1 in 5,000 solution should be gently streamed through the nozzle of a fountain syringe ; first into the anterior, then into posterior pouch of the vagina. Of course this must be done before the rupture of the membranes. Some boiled water should afterwards be injected that there may be no absorption of mercury.

3. Frequent examinations should be avoided. The hands of the physician should be washed in the above solution before and after every examination.

4. Apply napkins wrung out of the solution to the child's head as it emerges from the vulva.

5. See that the external genitals are bathed carefully in the same solution soon after delivery, and at least twice a day afterward. After each bathing and douching an aseptic pad must be applied so as to cover the vulva, reaching to the mons.

6. After the second day commence the daily vaginal douche, consisting of 1 to 2 drachms of carbolic acid to the quart of hot water. This may be re-

peated twice a day if necessary and should be continued till the lochial discharge stops. In normal labor, no attempt should be made to douche the uterine cavity.

7. The strictest precautions as to cleanliness should guard all these manipulations. The nozzle and tube of the syringe should remain in a disinfecting solution when not in use.

—W. H. Mays, *Pacific Med. Jour.*

NASAL MEDICATION.

There are a number of medicines of great therapeutic value for this purpose, if properly applied. Iodine, we know, promotes absorption and reduction of pathological growths ; the bromide salts (especially, according to Prof. Germain See's investigation, the bromide of calcium) diminish functional activity; eucalyptus, creasote, carbolic acid and salicylic acid are well known antiseptics; camphor, menthol, thymol, and others of this class, are antispasmodics; witch hazel is an excellent sedative to the mucous membrane, and alcohol and sulphate of quinine are good tonics. In fact any medicine, in solution, to meet the requirements of the case and the judgment of the physician, may be used.

My method of application of the remedy determined upon is as follows : A glass air-chamber, globular in shape, is fitted with an air-tight stopper ; the stopper is perforated with two openings and two glass tubes inserted, one long and one short. At the bottom of the air-chamber is a sponge which receives the long tube. A strong air-bulb is attached to a long tube and a nose-piece to the short one. The sponge is saturated with the desired solution. The nose-piece is held by the fingers of the left hand, so as to insert it into one nostril and close the other. Pressure is made on the bulb, while the patient holds his breath in order to resist the pressure of air downwards and compress the air in the nasal chamber.

Sufficient pressure may be made to force the medicated air into the nasal cavity, pharynx and accessory cavities. In order to inflate the Eustachian tube and middle ear, the patient is directed to

swallow, while the parts are inflated, thus opening the orifice of the tube and permitting the air to enter.

—J. P. Black, *Indiana Med. Jour.*

DISLOCATION OF THE SHOULDER TREATED BY MANIPULATION.

The majority of the thirty cases were treated by me whilst house-surgeon at the Cardiff Infirmary, under favorable conditions to try various adjuncts when simple means failed. The time it took to reduce the dislocation varied from fifteen seconds to six minutes; when the latter time was exceeded other means had been resorted to. Twenty-four cases were reduced without any trouble at the first attempt on the day of the accident; they were dislocations into the axilla, four in females, and the rest in men of various occupations requiring fairly strong arms—coal trimmers, masons, carpenters, common laborers. The method employed was a modification of that described by Professor Kocher, of Bern, at the International Medical Congress of 1881.

Of the six failures at the first attempt, No. 1 was of eight weeks' standing; various methods under chloroform narcosis failed, and the patient was discharged with a useful movable false joint. Nos. 2 and 3 were recent dislocations in spare non-muscular men; manipulation repeatedly failed; and the heel method was at once successful. In No. 4 manipulation, heel method, and circumduction failed; under chloroform narcosis reduction by manipulation was effected in thirty seconds. In No. 5 after the patient was anaesthetised, manipulation again failed; but the heel method was successful. In No. 6 repeated manipulation failed; traction with the patient's arm round the operator's waist was successful.

Of the twenty-four successes two deserve notice. One was that of a circus performer, and the most muscular man I ever treated. Reduction took place in less than two minutes, although there was much muscular irritability; the other case was of three days' standing, in a man aged 60, with much bruising of the axillary folds from repeated attempts at

reduction with the heel in the axilla by competent practitioners. It was reduced in 45 seconds in the first stage of manipulation.

The method employed was the following. With the patient lying on his back the operator grasps the patient's hand in one hand, lays hold of the arm immediately above the elbow with the other, flexes the elbow to a right angle, and then gently and firmly rotates outwards the arm as far as it will go (*first stage*.)

Rotation outwards is maintained, and the elbow is carried to the patient's side (*second stage*).

Then, if necessary, the elbow is carried forward close to the curve of the thorax (*third stage*).

One piece of strapping fixes the elbow to the side, and the hand is carried in a sling, which is more comfortable and wholesome to the patients than the ordinary bandaging.

Several of the dislocations were reduced in the first stage of the manipulation, the majority in the second stage, and the rest in the third. The further movement of the elbow to the sternum and rotation inwards of the arm I found unnecessary and of no avail in the unsuccessful cases.

I have seen Kocher's plan tried in a few cases, but the result was not so satisfactory as with the patients lying on their backs. Manipulation succeeds in muscular as well as in non-muscular patients, and the failures are generally attributed to some unusual irregularity in the rent of the capsule of the shoulder joint. I think they are also partly due to a defect in the method itself, and that is, want of traction to counteract the direct longitudinal pull of the muscles, which sometimes prevents the head of the humerus descending sufficiently towards the rent in the capsule, by which it is to retrace its steps within the joint again.

It is very difficult to decide which of the many methods used for reducing dislocations of the shoulder gives the best result under all conditions, but I think that manipulation is by far the easiest, most scientific, and neatest, as it requires no special preparation of the patient,

operator, nor surroundings, whilst the probability of success at first attempt is high.

—Thomas, in *Brit. Med. Jour.*

SPECIFIC MEDICATION.

Calendula is indicated in vesicular eruptions on the skin of the face and limbs, with itching.

Tinct. colchicum is indicated in sciatica of joints with gouty diathesis. Tincture cimicifuga will relieve sciatica in painful muscular conditions.

Sulph. magnesia, one drachm, largely diluted with water, will relieve headache caused by overeating and loss of sleep, dissipation and excitement.

Howe's acid solution of iron may be given when the patient is pale, anaemic, and greatly debilitated.

Fowler's solution of arsenic when the skin has lost its elasticity, epidermis dry, pulse soft and easily compressed.

Hypophosphite of lime is indicated when we have a deposit of aplastic or cacoplastic material in the connective tissue, and slight inflammatory symptoms, with tendency to phthisis.

Iodide of potash in the syphilitic diathesis, with a pale, leaden tongue, usually full. Iris versicolor in bad blood, imperfect nutrition, with fullness of throat.

Sulphur when the skin is dry and sal-low, brownish, and the mucous membranes have a dirty hue.

Berberis aquifolium is indicated in catharrhal conditions of throat and nose, with bad breath and offensive expectoration.

Bryonia when pulse is hard and full, with pain in right side of face, burning in the eyes and nose, and an acrid nasal discharge.

The indications for penthorium sedoides are fulness of the nasal mucous membrane, with abundant discharge, spongy gums, fulness of fauces and mucous membrane of the pharynx.

A rapid pulse with severe nasal pain—jaborandi. A rapid wiry pulse calls for thus.

Fluid ext. althea is indicated when there is smarting and burning of urine, due to tenderness of urethra and vesical neck. Fluid ext. haircap moss will re-

lieve difficult urination, due to acrid urine, accompanied with pain and tenesmus.

Pichi will be indicated in difficult urination, accompanied by chronic cystitis.

Iron, arsenic, and strychnia, is a good combination in cases of anaemia and nervous debility, attended by skin eruption.

Comp. tinct. camphor et opii is indicated in griping pain in stomach and bowels, with a tendency to diarrhoea after eating.

Creasote in small doses will relieve morbid conditions of the stomach, attended by decomposition of the food, gaseous accumulations, and eructation.

Gelsemium is indicated with pain in lumbar region, nervousness, and frequent urination accompanied by pain and difficulty in starting the flow.

The following combination is very highly recommended for checking excessive sweating of the feet, and for removing the offensive odor caused thereby : R—Sulph. precip. gr. xxx., powdered arrow root 5*g*iv., salicylic acid gr. viij. M. To be dusted over the feet and between the toes.

Digestive processes sometimes become laggard, slow, and incomplete, giving rise to a general feeling of fatigue and weariness of the entire body; the patient complains of a loss of energy, both mental and physical. For this condition nux and pepsin after eating, with a one-eighth grain podophyllin pill every night, will give relief.

It may be laid down as a rule in the treatment of phthisis, that no drug will benefit the patient that upsets his digestion.

Gonorrhœal vaginitis yields quickly to a strong glycerole of tannin, applied on a cotton tampon after the parts have been thoroughly cleansed. The tampon should be allowed to remain ten or twelve hours and then removed.

—*Eclectic Med. Jour.*

OLD-FASHIONED BUT USEFUL SKIN REMEDIES.

I wish in these brief notes to call attention to some old and neglected remedies for the local treatment of various

diseases of the skin. In the present day, in our longing after some new remedy, we are apt to forget those applications that have been tried and stood the test of years. The first one on my list is "Friar's balsam," or the compound tincture of benzoin. The late Dr. Neligan, of Dublin—a no mean authority on diseases of the skin—in his work on "Medicines; their Use and Administration," 5th edition, 1858, dismisses Friar's balsam with the following words:—"This tincture was formerly much employed as an application to wounds and contusions under the name of Friar's balsam." However, I have seen wounds and ulcerations heal under its use, when carbolic acid or the more fashionable iodoform failed. The late Dr. Gordon, Professor of Surgery, Queen's College, Belfast—a practical and clever surgeon—used gallons of compound tincture of benzoin in his hospital practice, not only after operations but using it as a lotion, and also in various other surgical complaints as an injection—for instance, in the case of a sinus, etc. Painting fissures of the lips and tongue, after first drying saliva from the part, with Friar's balsam, is a far better application than the glyceroles of either borax or tannin. In my own practice one drachm, or even two, of Friar's balsam to an ounce, say, of zinc ointment, is nearly a "specific" for indolent or sluggish ulcers, no matter where situated.

The next old fashioned remedy to be noticed is the well-known "black wash," still largely used as a dressing to venereal sores. However, there is a non-specific affection of the skin which, when occurring on the lower extremities, is about as troublesome and tedious a complaint as anyone can possibly have—I refer to red eczema, *eczema rubrum*, and which is associated with intense itching, burning, weeping of serum, and more or less swelling of affected part. It is to Dr. Spender, of Bath, that the credit of suggesting "blackwash" as an application in this disease is to be given. I use it frequently in the way that he has advised, I may say, without failure. He says (*Journal of Cutaneous Medicine*, Vol. IV.):—"Take some common black wash, mix with it a tenth or twelfth part of

glycerine by measure, and let it be well shaken. A small quantity of this mixture being poured into a wide shallow vessel, as a saucer, strips of linen are soaked in it, and after being lightly squeezed, are placed evenly and smoothly round the affected limb, a portion of the black oxide of mercury adhering to the linen. A bandage secures the dressing in its place, and the work is done. The dressing should be renewed night and morning; an impervious covering should on no account be put over it, as the pent-up secretion would decompose and possibly inoculate a fresh area of skin. The dry linen strips can always be easily removed by being first well saturated with warm water."

Acne, the sebaceous form especially, when occurring on the face, is tedious, troublesome, as well as disfiguring. The usual treatment with sulphur applications is not always successful, even if we combine a few grains, say ten, of the green iodide of mercury to the ounce of ointment. I have recently adopted, and with good results, rubbing the affected part at night with the (now discarded) "oil of amber," washing it off next morning with hot water and soap. Oil of amber has a pleasant odor, is much cleaner than an ointment, penetrates into the follicles, and is, especially if long continued, an active rubefacient, producing more or less irritation and slight redness of the skin. I consider this oil worthy of being placed in the dermatologist's list of remedies.

"Balsam of Peru," now chiefly used as an ingredient in pomades to prevent baldness, is not only an excellent stimulant when added to ointment for the healing of ulcers, but also in various ways for relief of pruritus vulvæ. However, as a method for the cure of scabies, it is to be well rubbed over all the body except head and face, but especially between the fingers, toes, wrists and abdomen; it compares favorably with sulphur ointment, and does not produce any secondary eczema. The expense of the remedy is, however, against its general use. I need hardly mention camphor as an anti-pruritic remedy, or "Liquor Plumbi," so well known and still in use, but will conclude by observ-

ing that, as a basis for ointment in place of lard, the old fashioned "Ceratum Galeni," or cold cream, is much preferable. I have endeavored to improve on it, however, by making my basis consist of lanoline, best almond oil, spermaceti, and enough white wax to give consistency. In this I believe we have as nearly as possible a perfect material for ointments—a view borne out by the testimony of the leading dermatologist of Sydney, Dr. W. M'Murray.

—H. S. Purdon, *Dublin Jour. Med. Sci.*

TUBERCULOUS PLEURISY.

The indications are twofold : first to limit and control the exudate and to promote its absorption. It would take me far away from the immediate subject to discuss here in full the therapeutics of pleural effusion. In the early stage it is sufficient to allay the pain, if severe, with opium, to reduce the fever, if high, by sponging, and to keep the bowels freely opened. It is doubtful whether the salicylates deserve the confidence which many claim. To promote absorption various measures are advised. It is important to remember that when fluid remains in the chest it is for the very good reason that it cannot get out, owing to blocking of the lymph paths. Absorption from the pleura goes on, as has been shown experimentally, with extraordinary rapidity, chiefly, if not entirely, from the costal layer. Probably in all instances of pleurisy with effusion, do what we may, the absorption has to wait the freeing of the obstructed lymph channels. I still believe that good results are seen by putting the patient on a dry diet and giving brisk, saline cathartics. It is a rational practice, and in some instances I have seen the exudate diminish rapidly. The diuretin, when it acts, is useful in the same way. If at the end of ten days the exudate persists, and is at the level of the fourth rib in the erect posture, aspiration is advisable, and it may be repeated again in a few days if the fluid reaccumulates. So far as I know, there are no greater risks in the tuberculous than in the simple sero-fibrinous cases, and it is very important to relieve the lung early of

the compression to which it is subjected by any large quantity of fluid. I think, however, the risk of the compressed lung becoming the seat of tuberculosis is not very great ; more serious is the danger lest it should become bound down by such firm adhesions that it cannot expand. Gentle counter-irritation of the skin is probably beneficial in these later stages, stimulating the lymphatics of the costal pleura. In the cases of chronic sero-fibrinous effusion with thickening of the membranes the fluid reaccumulates rapidly, and aspiration may have to be performed very many times. In these instances systematic pulmonary gymnastics should be practised. The expansive efforts of forcing water from one large Wolf's bottle to another is a good method. When the exudate is purulent the case should be transferred to the surgeon for thorough drainage.

The second indication is to improve in every way possible the general nutrition of the patient, so as to favor conditions promoting the healing of the tuberculous process. No doubt, as in pulmonary and peritoneal infection, many instances of tuberculosis of the pleura recover and leave no more damage than that associated with slight thickening of the membrane. A life in the open air, regular habits and exercise, a nutritious diet, and the use of the remedies which promote in every way digestion and the assimilation of food, should be advised. And finally we may lay to heart the words of Sir Andrew Clark : "When we have a patient with basic fibrinous pleurisy, let us hold him fast, restrict his freedom and treat him carefully, until every remnant of it is gone."

—Osler, *Boston M. and S. Journal.*

News.

MR. JOEN W. MACKEY, the multi-millionnaire whose life was saved by his physicians, kicked at their modest bill of \$12,500. Mr. Mackey should state at what sum he values his life; and if this is not satisfactory, the next doctor who takes him in charge can bury him and collect from the estate.

DR. EDWARD F. MORDOUGH, formerly a prominent Brooklyn physician, died in the Incurable Hospital at Flatbush, August 10th. He graduated at the Long Island College Hospital in 1868, and served as its house surgeon. His body only escaped accidentally being sent to the Potter's Field.

In the suit of the Minneapolis, St. Paul and Sault Ste. Marie Railroad Company, to restrain the Michigan State Board of Health from subjecting passengers entering the State to quarantine, or their baggage to disinfection, the Circuit Court has refused the injunction asked, and recognizes the right of the individual States to establish quarantines.

Dr. L. K. Baldwin, of Philadelphia, died last week of heart disease. He was for many years Treasurer of the Philadelphia County Medical Society, and examiner for the Equitable Life Insurance Company. Dr. Baldwin was very popular in the profession and will be much regretted.

AN epidemic of diphtheria at Hightstown, N. J., was attributed to milk, as six cases were in families supplied by one milkman.

IN France the provincial medical schools are empty, while the Paris school is over crowded with pupils, and the supply of dissection material has become scanty.

Missionaries are sadly needed in England, where the Westham guardians are said to be raising money by subscription for the marriage of an idiot to a lunatic.

Mr. R. W. Gardner is engaged in a curious discussion with Dr. R. W. Wilcox, over the latter's article upon hydrotic acid. Mr. Gardner claims that Dr. Wilcox used the former's published materials in the preparation of a paper advocating another brand of the acid. These allegations are backed up by quotations from the two publications, in parallel columns, that show, to say the least, a remarkable harmony in thought and expression, the wording being identical in some cases, and in others the sentences being simply inverted.

Dr. ROBERT NEWMAN, of New York, will be in Chicago during the month of September.

Not content with selling their deceased husband's diplomas, the widows of English physicians now advertise for husbands to take them with the dear departed's practice included.

Dr. Eugen Sell, of the German Imperial Health Department has reported that Indian corn is unwholesome and not suited for general consumption. This is a heavy blow at the scientific prestige of Germany, when a man who occupies a high official position makes such an ass of himself.

DR. H. A. STARKEY ROBBED.

We clip the following from a Chicago paper:—

"Down in Harvey, where the swampy prairie stretches away into the darkness, illuminated at rare intervals by the flickering rays of a gasoline lamp, Dr. H. A. Starkey, a prominent young physician of the town, lay for an hour last night, wounded and unconscious.

"Close to the railway tracks of the Grand Trunk road the unfortunate young man lay, his pockets rifled and his cowardly assailants making their escape in ease and safety.

"Dr. Starkey is the physician of a large institution in Harvey which recently shut down, throwing hundreds of men out of work. This fact may have some bearing upon the events of last night.

It was shortly after midnight when the doctor was aroused by a ring at the door-bell. He arose from bed and opening the door was confronted by a man who wore a cap pulled low over his face, almost hiding his features. He hastily informed Dr. Starkey that he came from Lawyer Dunning, whose wife was ill and needed immediate attention. Dunning is a well-known lawyer of the neighborhood and Dr. Starkey felt no hesitation in accompanying his midnight visitor.

"He hurriedly dressed and the pair started off through the dark night toward Dunning's house. It was now close on to one o'clock in the morning. Neither

spoke for some time, the event being a common one in the experience of the doctor and calling for no special comment. The cold night wind swept across the prairie, causing the doctor to draw his coat tighter about him as he hastened over the rough ground. Just ahead of the silent pedestrians glittered the warning switch-lights of the Grand Trunk railway, and the doctor hurried on toward the tracks while his guide seemed to fall a little behind.

"Suddenly two dark forms emerged from the shadow of a real-estate sign, which loomed ghost-like beside the railway embankment, and rushed upon him. Before the frightened physician could utter a cry of alarm he was struck from behind with a sandbag and fel'ed to the earth. He struggled to rise and one of the desperadoes drew a revolver and fired three shots at him. One bullet tore its way through the doctor's arm and at the same instant he was again struck on the head and lapsed into unconsciousness. The footpads hastily tore open the senseless man's clothing and robbed him of \$75 and a gold watch. Then they fled across the prairie, leaving him lying by the tracks, helpless and wounded.

"An hour later consciousness returned to the stricken man and he feebly began calling for help. His cries were heard by John Beck, an iceman, who was in a barn near by, and the doctor was removed to his home.

"No clew was left by the footpads and the police are completely in the dark. It is pointed out, however, that the men must be residents of the town, probably ex-employees of the mill, as they knew Dr. Starkey and Lawyer Dunning and made use of this knowledge to their dastardly ends."

Dr. Starkey is a graduate of the Medico-Chirurgical College and has been located for several years in Harvey, where he has built up a large and lucrative practice. Cards are out for his marriage on August 17th to an estimable young lady in New York State. This case illustrates the danger braved by physicians in the discharge of their duty; a duty too often but little appreciated and poorly compensated. It is to the credit of humanity that a crime so easily accomplished is so rarely perpetrated.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The following is the preliminary programme of the American Electro-Therapeutic Association, which will hold its third annual meeting in Chicago, September 12th, 13th and 14th.

DISCUSSION:

(1) "What are the Possibilities of Electricity in the Treatment of Fibroid Growths." Discussion will be opened by Dr. J. H. Kellogg, of Battle Creek, Michigan. The following among others have been asked to take part: M. le Docteur Georges Apostoli of Paris; M. le Docteur Georges Gautier, of Paris; Dr. La Torre, of Rome; Dr. Augustin H. Goelet, of New York; Dr. A. Lapthorn Smith, of Montreal; Dr. Franklin H. Martin, of Chicago; Dr. Margaret A. Cleaves, of New York; Dr. G. Betton Massey, of Philadelphia; Dr. George F. Hulbert, of St Louis; Dr. E. L. H. McGinnis, of New York.

(2) "The Influence of Frequency of Interruptions and Character of Induced Current Waves upon Physiological Effect." Discussion will be opened by Professor J. W. Morton, of New York. The following among others have been asked to take part: M. le Prof. d'Arsonval, of Paris; Prof. Dubois-Reymond, of Berlin; Mr. Newman Lawrence, of London; M. le Docteur Larat, of Paris; Prof. Edwin J. Houston, of Philadelphia; M. le Docteur Apostoli, of Paris; M. G. Weisse, of Paris; Dr. W. J. Herdman, of Ann Arbor, Michigan; Mt. J. J. Carty, of New York; Dr. J. H. Kellogg, of Battle Creek, Michigan; Dr. A. H. Goelet, of New York; Dr. Weir Mitchell, of Philadelphia; Dr. A. D. Rockwell, of New York; Dr. Frederick Peterson, of Providence R. I.; Dr. Georges Gautier, of Paris; Dr. Franklin Martin, of Chicago.

PAPERS:

1. "The Nutritional Effects of Statical Electricity." By Prof. W. J. Morton, M. D., New York.
2. "Electro-Medical Eccentricities." By Newman Lawrence, M. I. E. E., London, England.
3. "The Graphic Study of Electrical Currents in Relation to Therapeutics."

By J. H. Kellogg, M. D., Battle Creek, Michigan.

4. "The Action of the Continuous Current within the living Tissues as distinguished from the local Polar Action" By Prof. W. J. Herdman, M. D., Ann Arbor, Michigan.

5. "Therapeutic Application and the Theory of Alternating Currents." By Dr. Georges Gautier, Paris, France.

6. "The Treatment of Fibroid Tumors with Electricity." By Dr. Georges Gautier, Paris, France.

7. "Induction Coils." By Mr. A. E. Kennelly, of the Edison Laboratory.

8. "Electrolysis in Tumors of the Bladder." By Robert Newman, M. D., New York.

9. "The Present Position of Electricity in the Treatment of Ectopic Gestation." By A. Brothers, M. D., New York.

10. "Electro-Therapeusis in Salpingitis." By W. B. Sprague, M. D., Detroit, Michigan.

11. "Report of a Case of Ascites cured by Galvanism." By Holford Walker, M. D., Toronto Canada.

12. "The Primary Action of the Galvanic Current on the Blood. It increases the amount of Ozone it contains as shown by Chemical Tests of the Blood in the Arteries." By J. Mount Bleyer, M. D., and M. M. Weil, M. D., New York.

13. "The Conservation of Energy as a Successful Factor in Electro-therapy." By Horatio R. Bigelow, M. D., Philadelphia.

14. "Synovitis treated by Cataphoresis." By F. H. Wallace, M. D., Boston, Massachusetts.

15. "The Use of Static Electricity in the Treatment of Incipient Insanity." By W. F. Robinson, M. D., Albany, N. Y.

16. "Further Study of Electrical Anæsthesia and frequency of Induction Vibration." By W. F. Hutchinson, M. D., Providence, R. I.

17. "The Absorption of Fibroid Tumors by Mild Electric Currents." By R. J. Nunn, M. D., Savannah, Ga.

18. "Some Observations on the Fine Wire Coil or Current or Tension." By H. E. Hayd, M. D., Buffalo, N. Y.

19. "The Treatment of Subinvolution

by Electricity." By C. G. Cannaday, M. D. Roanoke, Va.

20. "Successful Treatment by Electrolysis of four additional Cases of Esophageal Stricture with Exhibition of Two Cases." By D. S. Campbell, M. D., Detroit, Mich.

21. "The Treatment of Dysmenorrhœa by the Galvanic Current." By A. Lapthorn Smith, M. D., Montreal, Canada.

22. "Notes upon some Uses of Galvanism in Surgery." By W. B. D. Beaver, M. D. Reading, Pa.

Several other papers of equal interest have been promised, but the titles have not yet been received.

MARGARET A. CLEAVES,
Secretary.

WEEKLY REPORT OF INTERMENTS.

PHILADELPHIA, AUGUST 14, 1893.
Deaths and interments in the City of Philadelphia, from the 5th to the 12th of August, 1893.

CAUSES OF DEATH	Adults Males	Adults Females	CAUSES OF DEATH	Adults Males	Adults Females
Aneurism of Aorta....	2		Inflamm'n Kidneys ...	8	
Alcoholism.....	1		" Larynx	1	
Apoplexy.....	18		" Lungs.....	5	11
Asphyxia.....	1		" Pericard'...m..	1	
Bright's Disease.....	11		" Perito'm...m..	5	
Burns and Scalds....	2		" Pleura.....	3	1
Cancer.....	15		" Sto. & Bls...m..	12	9
Casualties.....	5		" Spine.....	1	
Cerebro-Spinal Men- ingitis.....	1		" Heart.....	1	1
Congestion of the Brain.....	2	3	" Tonsils.....	1	
Cholera Infantum....	60		Jaundice.....		1
" Morbus.....	3	1	Laparotomy.....	1	
Cirrhosis of the Liver.....	3		Marasmus.....	31	
Consumption of the Lungs.....	37	6	Measles.....	2	4
Convulsions.....	18		Nerv'gia of the Heart		
Croup, Membranous.....	1		Obstruction of the Bowels.....	1	
Cyanosis.....	3		Old Age.....	15	
Debility.....	3		Paralysis.....	3	
Diarrhea.....	4		Poisoning.....	1	
Diphtheria.....	7		Rheumatism.....	1	1
Disease of the Spine.....	2		Sclerosis.....	2	
" " Heart.....	20	4	Shock.....	2	
" " Kidneys.....	1		Septicemia.....	3	
" " Liver.....	1		Sore Mouth.....	1	
Drowned.....	2	3	Suffocation.....	1	
Dropsy.....		1	Suicide.....	1	
Dysentery.....	7	3	Sunstroke.....	1	
Erysipelas.....	3		Syphilis.....	1	1
Fever, Malaria.....	2		Teething.....	2	
" Puerperal.....	1		Tetanus.....	1	
" Scarlet.....	1		Tumor.....	2	
" Typhoid.....	8	1	Ulceration of the Bowels.....	1	
Hemorrhage.....	1		Ulceration of the Stomach.....	2	
Homicide.....	1		Uremia.....	4	2
Inanition.....	12		Whooping Cough.....	10	
Inflamm'n Brain.....	4	18	Total	229	236
" Brouchi	2	1			